



CITY OF CAMBRIDGE

INSPECTIONAL SERVICES DEPARTMENT 831 MASS. AVE.
CAMBRIDGE, MASSACHUSETTS 02139 (617) 349-6100

Ranjit Singanayagam
Commissioner

APPLICATION TO ALTER PLANS

Originally Approved Under Permit # _____

In accordance with Chapter 110.13 of Mass State Building Code

1. Building Location: _____ Date _____

2. Owner Name & Address: _____

Phone # _____

3. Applicant Name & Address _____

Phone# _____

4. Contractor _____ License # _____

Address & Phone # _____

5. Architect/Designer: _____ Registration # _____

Address & Phone# _____

6. Engineer _____ License # _____

Address & Phone # _____

7. Type of work: New Addition Alteration Repair Change of Occupancy Other

Description of proposed changes: _____

8. Estimated cost of general work (change from original cost) _____ Fee\$ _____

9. Plans and specifications (Chapter 110.7 MSBC). No of plans submitted: _____

Signature of owner & Phone _____

Signature of Licensed Builder & Phone _____

Address _____ City _____

Address _____ City _____

Builders License # _____ License Expires _____ City _____ Class _____

Amendment approved by: _____ Date _____ PLANS _____

Zoning approved by: _____ Date: _____ Amend permit # _____